U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT Office of Management and Budget

No. 1215-0188

Expires: 11-30-2002

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. For Official Use Ont 1. FILE NUMBER 2. PERIOD COVERED 3. (a) AMENDED — If this is an amended report correcting a previously MO DAY filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its 0 1 1 0 1 12 0 terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of Through 1 2 3 1 2 0 0 0 your union as defined in Section X of the instructions, check here: 8. MAILING ADDRESS (Type or print in capital letters.) DONALD PEHR 064-727 First Name MAJOR LEAGUE BASEBALL PLAYERS ASN 130 12 EAST 49TH STREET 24TH FLOOR Last Name NEW YORK, NY 10017 12/2000 P.O. Box • Building and Room Number (if any) Number and Street 4. AFFILIATION OR ORGANIZATION NAME 5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER 7. UNIT NAME (if any) State ZIP Code + 4 9. Are your organization's records kept at its mailing address? Yes x: No (If "No," provide address in Item 75.) 75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) Item Number Schedule 5-Fixed Assets, Line 7, Other Fixed Assets consisted of computer software. Major League Baseball Player's Benefit Plan #13-0006194, Plan #51-018287 11 14 Most Horowitz & Company, LLP 21(a) See Note 7 to Audited Financial Statement 24 See Notes 11 & 13 to Audited Financial Statements Each of the undersidiled, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been exampled by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.) 76, SIGNED: PRESIDENT 77. SIGNED: CO~ TREASURERS (If other title. (If other title. 123/01 (212)826 (212) 826 -0808- 0808 see instructions.) see instructions.) Date Telephone Number Telephone Number

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(- Treasur

During the Reporting Period Did Your Organization:	V	3. 1	18. How many members did your organization have at the end of the
10. Have a "subsidiary organization" as defined in	Yes	No	reporting period?
Section X of the instructions?		<u>X</u>	19. What is the date of your organization's next regular election of officers? MO YEAR 0 5 2 0 0 1
Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	X_		20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
12. Have a political action committee (PAC) fund?		X,	applies for any line.)
Acquire or dispose of any goods or property in any manner other than by purchase or sale?		<u>X</u>	
Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	 X		(b) Initiation Fees \$ (c) Transfer Fees \$
15. Discover any loss or shortage of funds or			(d) Work Permits \$ per
other property?(Answer "Yes" even if there has been repayment or recovery.)		X.	22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/ procedures listed in the instructions?
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor			(If the constitution and bylaws have changed, attach two new dated copies. If practices/ procedures have changed, see the instructions.)
organization or of an employee benefit plan? 17. Liquidate or reduce any liabilities without		X	as security or encumbered in any other way at the end of the reporting period?
17. Liquidate or reduce any liabilities without disbursement of cash?			24. Did your organization have any contingent liabilities at the end of the reporting period? X
(If the answer to any of the above questions is "Yes," provide in Item 75 on page 1 as explained in the instructions for each			(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 6 4 - 7 2 7

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		19121713	9,573,968
	26. Accounts Receivable			
LITS .	27. Loans Receivable	1		3.200
ASSETS	28. U.S. Treasury Securities		4 6 7 6 8 0 0 7	4 9 7 0 7 4 4 0
	29. Investments	2	2 0 4 4 2 5 2 8	2 5 1 4 2 0 1 6
	30. Fixed Assets	5	8 7 5 2 1 6	1 4 3 6 2 3 1
	31. Other Assets	3	49,220	<u> </u>
	32. TOTAL ASSETS	3	2 87,2 56,68 4	8 5 9 2 2 9 0 1
	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
		SCH	Period	Period
ΪΕS	Item	SCH	Period (C)	Period
BILITIES	33. Accounts Payable	SCH #	Period (C)	Period
LIABILITIES	33. Accounts Payable	SCH #	Period (C)	Period (D)
LIABILITIES	33. Accounts Payable	SCH #	Period (C)	Period (D)

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STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 6 4 - 7 2 7

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

Item	CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. C	Dues		5 2 8 2 4 7 5	56. To Officers	9	5 6 3 3 3 4
40. F	Per Capita Tax			57. To Employees	10	2 4 8 8 6 7 2
41. F	ees			58. Per Capita Tax		-
42. F	ines			59. Fees, Fines, Assessments, etc		
43. A	Assessments	<u> </u> 		60. Office & Administrative Expense	13	2 8 8 4 1 5 6
44. V	Vork Permits			61. Educational & Publicity Expense		
45. S	Sale of Supplies		·	62. Professional Fees		2 4 2 4 8 7 5
46. lr	nterest		3 2 6 9 1 9 0	63. Benefits	11	5 1 4 4 5 5
47. C	Dividends			64. Contributions, Gifts & Grants	12	177166
48. F	Rents			65. Supplies for Resale		- -
	Sale of Investments & Fixed Assets	6	671 3 456 2	66. Direct Taxes		2 1 4 9 2 4
50. L	oans Obtained	8		67. Withholding Taxes		1 8 2 5 0 2 9
51. F	Repayments of Loans Made	1	1 0 0 0	68. Purchase of Investments & Fixed Assets	7	7 2 3 3 3 0 5 1
	On Behalf of Affiliates for ransmittal to Them			69. Loans Made	1	4 2 0 0
53. F	rom Members for Disbursement on Their Behalf		5 5 4 8 1 8	70. Repayment of Loans Obtained	8	,
54. C	Other Receipts	14	413_5419_0	71. To Affiliates of Funds Collected on Their Behalf		
				72. On Behalf of Individual Members		5 5 4 8 1 8
				73. Other Disbursements	15	4 3 1 5 9 3 0 1
55. T	OTAL RECEIPTS		1 1 7 5 9 6 2 3 5	74. TOTAL DISBURSEMENTS		1 2 7 1 4 3 9 8 1

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 6 4 - 7 2 7

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

	ICOLIVADEE				
List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Recei	ived During Period Other Than Cash (D)(2)	Loans Outstanding at End of Period (E)
1. Name: Yolanda Largo "E"	0	3,200		<u> </u>	
	U	3,200			3,200
Purpose: Employee Hardship					
Security: None					
Terms of Repayment:Repay by 12/31/2	001				
2. Name:Eric Rivera "E"	0	1,000	1,000		0
Purpose: Employee Hardship					
Security: None					
Terms of Repayment: 7 Payments Bi-Mc	nthly				
3. Name:					
Purpose:					
Security:					
Terms of Repayment:					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5		4 2 0 0	1 0 0 0		3 2 0 0
Enter the Totals from Line 6 in	<u> </u>	<u>.</u>	↔	ltem 75with Explanation	ltem 27 Column (B)

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

	:	!	:	l .			:
FILE NUMBER:	0	6	4	7	2_	7	

SCHEDULE 3 — OTHER ASSETS

(A)	Amount (B)
Marketable Securities	
1. Total Cost	25,066,043
2. Total Book Value	25,066,043
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	-
(a) Corporate Bonds	13,918,633
(b) <u>Commercial Papers</u>	11,147,410
(c)	
(d)	
Other investments	
4. Total Cost	75,973
5. Total Book Value	75,973
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) Pension Annuities	75,973
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	2 5 1 4 2 0 1 6

Description (A)	Book Value (B)			
1. Unamortized lease Expense	5,326			
2. Miscellaneous Receivables	15,813			
3. Prepaid Baseball Tickets	38,907			
4.				
5.				
6. Total from additional pages (if any)	, , ,			
7. Total of Lines 1 through 6	60046			
Enter the Total from Line 7 in	↔ (B)			

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)						
1.Dues Refundable	19,007,484						
(Settlement Date 1/2/01) 2.Due Broker	3,184,018						
3.							
4.							
5.							
6. Total from additional pages (if any)							
7. Total of Lines 1 through 6	2 2 1 9 1 5 0 2						
Enter the Total from Line 7 in	 						

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 6 4 _ 7 2 7

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)		
1. Land (give location):						
2. Totals from additional pages (if any)						
3. Buildings (give location):						
4. Totals from additional pages (if any)						
5. Automobiles and Other Vehicles				·		
6. Office Furniture and Equipment	969,020	673,385	295,635	295,635		
7. Other Fixed Assets	1,221,786	81,190	1,140,596	1,140,596		
8. Totals of Lines 1 through 7	2,190,806	754,575	1 4 3 6 2 3 1	1,436,231		
Enter the Total from Line 8, Column (D) in						

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1 Return on Investment In Annuities	13,897	13,897	13,897	13,897
2 _{US} Treasuries & US Agencies-Securities	57,808,708	57,808,708	57,808,708	57,808,708
3 _{Corporate Bonds}	16,514,860	16,514,860	16,514,860	16,514,860
⁴ Commercial Paper	7,578,813	7,578,813	7,578,813	7,578,813
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	81,916,278	81,916,278	81,916,278	81,916,278
		7. Less Reinvestm	ents	14,781,716
		8. Net Sales	6 7	1 3 4 5 6 2
Enter the Total from Line 8 in				☆ Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER:0 6 4 -7 2 7

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
US Treasuries & US Agencies - Securities	57,500,110	57.500,110	57,500,110
₹ orporate Bonds	14,841,796	14,841,796	14,841,796
3 commercial Paper	14,069,061	14,069,061	14,069,061
4fixed Assets	743,586	743,586	743,586
5. Totals from additional pages (if any)	0_	0	0
6. Totals of Lines 1 through 5	87,154,553	87,154,553	87,154,553
	7. Less Reinvestr	nents	14,821,502
	8. Net Purchases	7 2 3	3 3 0 5 1
Enter the Total from Line 8 in			☆ Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any	Loans Owed at	Loans Obtained	Repayment Ma	de During Period	Loans Owed at
Time During the Reporting Period (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Enter the Totals from Line 6 in	位 	் Item 50	介 ltem 70	ि ltem 75 with Explanation	் Item 34 Column (D)

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SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

CHICANIANCE.						i
FILE NUMBER:	i		_			
, ,	0 0			7	^	7
	U	_4_	_:	1	∠	

(A) Name (List all persons who held office during the reporting period exthey received no salary or other disbursements. Use all capit.	ven if ial letters.)	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
Last Name First Name	(0)	(5)	(=)	(')	(0)	(11)
1. Leiter Al				.4 0 1		4 0 1
Title _	Status C	,	_,		, · · · · · · · · · · · · · · · · · · ·	
Last Name First Name						
2. <u>B e n e s A I</u>				2 0 7 9		2_0_7_9
Title	Status C					
Last Name First Name						
3. L o p e z A l b i e	e			.0.		
Title	Status N					
Last Name First Name						
4. W i I I i a m s B e r n j	i e				, 	
Trile .	Status N					
Last Name First Name						
5. Surhoff BJ				2 4 3 4		2 4 3 4
Title .	Status P					
Last Name First Name						
6. Anderson Briar				3 0 3 0		3 .0 3 0
Title .	Status C					
Last Name First Name						
7. Trachsel Steve	e			0_	av	
Title :	Status P					
8. Totals from additional pages (if any)		1 000 690		13 651		1 014 341
9. Totals of Lines 1 through 8		1,000,690				,,
				.21,595 J 10. Less Deduc	etions	1.022,285
Enter the Total from Line 44 in				44 Not Diebour	ananta :	
Enter the Total from Line 11 in				11. Net Disburs		ection in accordance with
*Code for Status (C): past officer — P; continuing officer — C;	; new office	er during the reporting p	period — N.	your organization's cons	elected at a regular ele stitution and bylaws, exp	lain in Item 75 on page 1.)

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER:0 6 .4 -7 2 7

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name					
1.Abercrombie Cindy	8 6 9 4 0			1 1 3 2	8 8 0 7 2
Position A D M	-	,			
A D M Name of Affiliated Organization					
Last Name First Name					
2. Bernazard Antonio	3 <u>4</u> 1,62,5			1 5 0 1 8	3 5 6 6 4 3
Position A D M Name of Affiliated Organization					
Last Name First Name					, ,
3. Bouris Greg	1 1 4 5 2 0			1 0 5 2	1 <u>1 5 5 7 2</u>
Position A D M Name of Affiliated Organization					
Last Name First Name			-		
4. B. r. a _d. l _e _y P_h_i _L	84 1 . 20 .	· • · · · · · · · · · · · · · · · · ·		1 0 4 8 9	9 4 6 0 9
Position A D M Name of Affiliated Organization					
Last Name First Name	/	·			
5. C <u>arballo Virgini</u>	4 8 0 9 7			····	4 8 0 9 7
Position A D M Name of Affiliated Organization	·				
6. Totals from additional pages (if any)	3.154.752			119,508	3,274,260
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	63,743			433	64,176
8. Totals of Lines 1 through 7					
	3.893.797		9. Less Deduc	147,632 etions 1	4,041,429 5 5 , 2 7 , 5 7
Enter the Total from Line 10 in		Item 57 🖒	10. Net Disburs	ements 2	4 8 8 6 7 2

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SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 6 4 - 7 2 7

Description (A)	To Whom Paid (B)	Amount (C)
1. Pension Expenses	Retired Executive Director	113,100
2. Group Health Life & Other Insurance	MLBP Benefit Plan	198,141
3. Investment Savings Retirement Plan	Van Guard Group	203,214
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		5 1 4 4 5 5
Enter the Total from Line 6		∱ ltem 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)				
1. Peggy Browning Fund	1,375				
2. Alumni Association	5,000				
3. Harlem RBI	1,000				
4. Baseball Assistance Team	12,000				
5. Baseball Writer's Association	1,500				
6. Rusty Staub Foundation	500				
7. Total from additional pages (if any)	155,791				
8. Total of Lines 1 through 7	2 7 7 2 1 6 6				
ਿ Enter the Total from Line 8 in Item 64					

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1.Rent & Electric	683,370
2.Office Supplies & Expenses	370,039
3.Insurance	113,962
4.Telephone & Cable	81,278
5.Computer Expense	50,350
6.Postage & Delivery	102,351
7. Total from additional pages (if any)	1,482,806
8. Total of Lines 1 through 7	2 8 8 4 1 5 6
Enter the Total from Line 8 in	ু ltem 60

FILE NUMBER: 0 6 4 - 7 2 7

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)				
1. Dues (Licensing Revenue)	41,002,495				
2. Player Agent Fees	15,300				
3. Collusion Escrow Payable	100,112				
4. Baseball Tickets	236,283				
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16. Total from additional pages (if any)					
17. Total of Lines 1 through 16	4 1 3 5 4 1 9 0				
企 Enter the Total from Line 17 inltem 54					

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Dues Refund	17,509,597
2. Executive Board Expenses	11,965
3. Baseball Tickets	310,925
4. Collusion Case/Licensing Distr	ibution 691,140
5. Collusion Escrow Payable	20,108
6. Settlement Payable	1,600,000
7. Medical Research	21,875
8. Arbitration Settlement	45,703
9. Appearance Fees	2,300,000
10. Licensee Fee	45,000
11. Negotiation Expenses - Basic A	grmt 263,203
12. Basic Agree w/Clubs - Future Growth & Development Baseball	20,000,000
13. Retirement Plan	186,679
14. Rookie Career Development Expe	nses 148,642
15. Employee Relocation Expense	3,964
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 3 1 5 9 3 0 1
Enter the Total from Line 17 in	 1tem 73

-			
ORGANIZATION NAME:		FIL	E NUMBER:
ENDING DATE OF PERIOD COVERED.			GEOFADDITIONAL PAGES
SCHEDULE 9 — ALL OFFICERS AND DIS	SBURSEMENTS T		2 10
(A) Name (List all persons who held office during the reporting period even if	Gross Salary	Disbursements	Other in

(A) Name (List all persons who held office during the reporting period entry received no salary or other disbursements. Use all capit (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name						
B, o e h r i n g e r B r i a		man va man ()	<u>-</u>	0		· · · · · · · · · · · · · · · · · · ·
Title	Status P					
Last Name First Name			-			V=
McRae. Bria.				0	-	-
Title	Status P					
Last Name First Name				1		
Nagy Chuc				. 0		
Title	Status C					
Last Name First Name						
Schilling Curt	i			Q_		· · · · · · · · · · · · · · · · ·
Title	Status P					
Last Name First Name						
Easley Dami			•	2 0 7		2 0 7
Tritle	Status C					
Last Name First Name	-				=	
W i 1 s o n D a n		-	-	1 1 7 . 2		1 1 7 2
Title	Status C					
Last Name First Name	-	-				
F. I. e. t. c. h. e. r D. a. r. r.				0	,	
Title	Status P.					
Last Name First Name						
C o n e D a v i	d			0		
Title	Status P					
	Totals			1 2 7 0	-	

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UHGANIZAI ION NAYE:				F	ILE NUMBER: 0 6	4 - 7 2 7
ENDING DATE OF PERIOD COVERED. 2/31/2000				F	AGE 3 OF 15	ADDITIONAL PAGES
SCHEDULE 9 — ALL OFFICERS	S AND DIS	BURSEMEN	TS TO OF			
(A) Name (List all persons who held office during the reporting p	veriod even if all capital letters.)	Gross Salary (before taxes and		Disbursements for Official	Other	T. t l
(B) Title (Enter title of officer, such as PRESIDENT or TREASU	' 1 ' '	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
Last Name First Name Weathers Dav				0	A = 0.0 V/A-A-/	
Title	Status N		<u>-</u> `			
Last Name First Name						
Hocking Den	n_ y			0_		
Title	Status C_					
Last Name First Name						
W h i t e D e v	<u>o</u> .n	~- -		<u>0_</u>		· · · · · · · · · · · · · · · · · · ·
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Fehr Don	•	0 0 6 9 0			·- ·- ·· · · · · · · · · · · ·	0 0 6 9 0
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Last Name First Name				5 0 0		F 0 0
Glanville Dou	Status N	· · · · · · · · · · · · · · · · · · ·		5 8 0		5 8 0
Last Name First Name	<u>N</u> .					
Baldwin Jam	e s			0		
Title	Status N					·
Last Name First Name	IN.	*****				
ChristiansenJas	<u>o n</u>	**************************************		0		
Title	Status P.					•
Last Name First Name						
Powell Jay				0		
Title	Status N					
	Totals	0 0 6 9 0		5 8 0		0_0_1_2_7_0
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ORGANIZATION NAME:

ORGANIZATION NAME		 	
ENDING DATE OF PERIOD	COVERED:	 	
12/21/2000			

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FILE NUMBER:	0	6	. 4	—	7	2	7	
						-		

PAGE 4...OF 45...ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office they received no salary or other) (B) Title (Enter title of officer, such as PRI	Statu	s other deductions)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name		, ,	\—/	· · · · · · · · · · · · · · · · · · ·	((1.7)
Kont	1 0 4 4			0		
Title	•					
	Status C	·				
	First Name		-			-
Poole	Jim			1 2 0 7	. , .	1 2 0
Title	Status p					
Last Name	First Name	 	 -			
Wakefield	J i m			0		
Title	Status p					
Last Name	First Name	-				
Girardi	1 0 0		3. m	1 2 5	\ \	1 2
Title				· · · · · ·	,	
	Status C					
Last Name	First Name					
Damon	John		-	0		
Title	Status p					
Last Name	First Name					
Y o u n g	Kevin			2 0 7		2 0
Title	Status N	·				
Last Name	First Name					
Grudzielan				0		
· · · · · · · · · · · · · · · · · · ·						
Title	Status N					
Last Name	First Name					
K o t s a y	Mark			2 7 6		2 7
Title	Status C					
	Totals		<u> </u>			
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Form LM-2 (Revised 2000)

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SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

Name (List all persons who held office they received no salary or other)	during the reporting period ev disbursements. Use all capita	Status	Gross Salary (before taxes and other deductions)	Allowances	Disbursements for Official Business	Other Disbursements	Total
B) Title (Enter title of officer, such as PR	ESIDENT or TREASURER.)	(C)	(D)	(E)	(F)	(G)	(H)
Last Name							
Loretta	Mark				2 0 7		2 _0, 7
Title		Status C					
Last Name	First Name						
S t a i r s	Matt				0		
Title		Status P					-
Last Name	First Name						
Defelice	M i k e		· 				
Title		Status P					
Last Name	First Name	- ,					
Myers	M i k e				0		
Title		Status N					
Last Name	First Name						
Mussina	M i k e		·		0		·
Title		Status P				,	
Last Name	First Name	-					
Remlinger	M i k e				3 3 5 2		3 3 5 2
Title		Status: P					
Last Name	First Name						
S w e e n e y	M i k e				2 3 2 4		2 3 2 4
Title '		Status N					
Last Name	First Name						
Helling	Rick			·	3 8 8		3 8 8
Title		Status N					
		Totals			6 2 7 1		6 0 7 1

Form LM-2 (Revised 2000)

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PAGE $_{6}$ OF $_{15}$ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the they received no salary or other disbursements			Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT of	r TREASURER.)	Status (C)	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
Last Name Fi	irst Name		Table is a new second second of the second of				
Randall Karls	c o t t						
Title	S	Status P_					
Last Name Fi	rst Name						
Casey s	e a n			_	2 9 6		_ 2 9 6
Title	s	Status C					
Last Name Fi	rst Name						
Reynoids S	han e			_	0	<u> </u>	_
Title	s	Status P					
Last Name Fi	rst Name		Marin Da No. 10 10 10 10 10 10 10 10 10 10 10 10 10				
Ponson S	i d n e	у		,	4 7 4	<u> </u>	4 7 4
Title	S	status N					
Last Name Fi	rst Name						
Hitchcock S	t e r i	i n		<u>.</u>	. 0		
Title	s	tatus N					
Last Name Fit	st Name	,	· · · · · · · · · · · · · · · · · · ·				
	i m				0		
Title	. 8	tatus C					
Last Name Fi	st Name						
Hudson T	i m	_			<u>0</u> _	_	· · · ·
Title	-	tatus N					
Last Name Fit	st Name	- 1					
Helton T	o d d				0		
Trite	Si	tatus P					
	•	Totals					

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RGANIZATION NAME-				F	ILE NUMBER: 06	4 - 7 2 7
DING DATE OF PERIOD COVERED:				P	AGEOF	
CHEDULE 9 — ALL OFFICERS A	ND DIS	SBURSEMEN	TS TO OF	FICERS (co	ntinued)	
A) Name (List all persons who held office during the reporting period e they received no salary or other disbursements. Use all capit.	ven if tal letters.)	Gross Salary (before taxes and		Disbursements for Official	Other	
B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
Last Name First Name		· · · · · · · · · · · · · · · · · · ·				
G I a v i n e T o m	Status C			2 6 2 9	~.	2 ــ 6 2 ــ
Last Name First Name				-		
Telford Tony		, <u></u>	2	0		
Title	Status C_	,				**************************************
Last Name First Name						
C I a r k T o n y	Status N		-, -	20,7	;· ₋	
Last Name First Name	N			1		<u></u>
				0		
N i x o n T r o t	Status N		,			,
Last Name First Name						
Percival Troy				00		<u> </u>
Title	Status C					
Last Name First Name				~.w	******	
Title	Status		···· ·· · · · · · · · · · · · · · · ·			
Last Name First Name						
Title '	Status					
Last Name First Name						
Title	Status				·,	
	Totals					

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ORGANIZATION NAME	•		
ENDING DATE OF PERIOD	COVERED		
12/31/2000			

FILE NUMBER:	0	6	4	 7	2	7

PAGE 8 OF 15 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who receive from your organization and any (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization		Gross Salary (before taxes and other deductions) (D)		Disbursements for Official Business (E) (F)		Other Disbursements (G)			Total (H)					
Last Name	First Name	***					***************************************							va +1
C h i l d	Martha	1 1	4	7 7	0		<u> </u>	2	0_	3 2	1	1 6	8	0 2
Position A D M														
Last Name	First Name													
Dahi	Chris	8	9	2 3	9	~			8	9 3		9 (1	3 2
Position A D M Name of Affiliated														
Last Name	First Name													
Di.Camillo	Mariett	8	8	9 5	. 1				.8	1 6		8 9	7	6 7
Position A D M														
Last Name	First Name									+4				
Falk:	Hillary	1	1 3	8 3	2					· :		1 1	8	3 2
Last Name.	Eirst Name													
Fannell	Jeffrey	1	5	2 6	9				1	1 5		1 5	3	8 4
Position A D A4			-										-	
	Totals	3 2	0 (0 6	. 1			3	_8_	5 6	3	2 3	9	1.7

ORGANIZATION NAME:		
ENDING DATE OF PERIOD COVERED:		
£0/24/2000		

FILE NUMBER: 0 6 4 - 7 2 7

PAGE 9.__OF 15.__ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

SCUEDOFE IN - DISP	OHOLINEITIO TO E	IVII LOI LLO	(OOMMINGCO)			
(A) Name (List all employees who received m from your organization and any affil	ore than \$10,000 in total disbursements liates. Use all capital letters.)	Gross Salary (before taxes and		Disbursements for Official	Other	-
(B) Position (Enter employee's job title.)		other deductions)	Allowances	Business	Disbursements	Total
C) Name of Affiliated Organization) (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name	First Name					
Goldstein	E v i e	6 6 6 5 8			4 8 6 1	7 1 5 1 9
Position A D M		<u>-</u>				
Affiliated Organization	and the second s					
Last Name	First Name					
Gould,	Heather	4 6 8 9 0	; i		1 8 6 3	4 8 7 5
Position A D M	APP.					
Name of Affiliated Organization						
Last Name	First Name	some with the second and to the second and the seco				
Heeter	Judith	3 3 6 1 9 0		· · · · · · · · · · · · · · · · · · ·		3 3 6 1 9
Position A D M						
Name of Affiliated Organization						
Last Name	First Name					
H i n k l e y	Terri	1 8 4 1 4	···			1 8 4 1
Position A D M						
Name of Affiliated Organization						
Last Name	First Name					
Kaplan	E v a n	8 4 6 7 7			6 4 3 3	9 1 1 1
Position A D M Name of Affiliated Organization						
	Totals	5 5 2 8 2 9			1 3 1 5 7	5 6 5 9 8

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ORGANIZATION NAME:	
ENDING DATE OF PERIOD COVERED:	
12/31/2000	

				5	:		
FILE NUMBER:	0	6	4	<u> </u> -	7	2	7

PAGE 10__OF 15_ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who is from your organization as (B) Position (Enter employee's job	received more than \$10,000 in total disbursements and any affiliates. Use all capital letters.) title.)	Gross Salary (before taxes and other deductions)	Allowances	Disbursements for Official Business	Other Disbursements		Tota	al
(C) Name of Affiliated Orga	nization (if applicable)	(D)	(E)	(F)	(G)		(H)
Last Name	First Name			~~- · · · · · · · · · · · · · · · · · ·				
	Yolanda	4 5 7 6 9	· ,			4	5 7	6 9
Affiliated								
Lenaghan	First Name Robert	1 9 3 2 7 0		· · · · · · · · · · · · · · · · · · ·	6 2 9 6	1 9	9 5	6 6
Name of								
Last Name	First Name		in Maddin (1798, 1798, 1798) in the same of the same o					
Position A D M Name of Affiliated		1 1 8 5 9	Merchan Tanks , had a subset			1	1 8	5 9
Last Name	First Name							
Markowit	z Melba	4 8 0 6 4			4 0 5	4	.8 4	6 9
Position A D M Name of Affiliated								
Last Name	First Name							
Morris	Christi	5 6 3 8 7		· · · · · · · · · · · · · · · · · · ·	7 7	5	6 4	6 4
Position A D M		-						
	Totals	3 5 5 3 4 9			6778	3 6	2 1	2 7

ORGANIZATION NAME	
ENDING DATE OF PERIOD COVERED:	
2/31/2000	

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

Chedule 10 — DISB	OITO LINEITTO TO L	IIII LOILLO	(OOMINGOU)			
(A) Name (List all employees who received me from your organization and any affile	ore than \$10,000 in total disbursements iates. Use all capital letters.)	Gross Salary (before taxes and		Disbursements for Official	Other	
B) Position (Enter employee's job title.)		other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated Organization (if applicable)		(D)	(E)	(F)	(G)	(H)
Last Name	First Name		- /			
O'Donneil	Sharon	4 5 5 5 9		·		4 5 5 5 9
Position A D M						
Name of Affiliated Organization						
Last Name	First Name					
O I s h a n	John .	1 2 5 7 4 0			6 4 3 4	1 3 2 1 7 4
Position A D M						
Name of Affiliated Organization						
Last Name	First Name					
Orza :	Eugene	4 2 7 0 1 8	<u> </u>		1 5 3 8 4	4 4 2 4 0 2
Position A D M Name of Affiliated Organization						
Last Name	First Name		a to a series of the policy of the contract			
Pepin	LisaMar	4 0 0 3 8				4 0 0 3 8
Position A D M						
Name of Affiliated Organization						
Last Name						
Persaud	Melissa	3 1 3 0 5			6 0 9 8	3 7 4 0
Position A D : M					·	
· · · · · · · · · · · · · · · · · · ·	Totals	6 6 9 6 6 0			27916	6 9 7 5 7

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ORGANIZATION NAME:		 -
EÑDING DATE OF PERIOD	COVERED:	
12/24/2000		

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FILE NUMBER:	0 6	4	7	2	7_	

PAGE 12--- OF 15-- ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

A) Name (List all employees who received more the from your organization and any affiliates. B) Position (Enter employee's job title.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(C) Name of Affiliated Organization (# a	applicable)	(D)	(L)	(1)	(G)	(,,,
Peters Position A D M Name of	Sheila	5 0 1 6 0				5 0 1 6 0
Affiliated Organization						
Position . D. M.	All <u>y</u> ne	6 2 6 1 0				6_2_6_1_0
Name of Affiliated Organization						_
Last Name						
Pryor Position A D M Name of Affiliated Organization		2 8 6 1 8 9			4 0 0 1	2 9 0 2 5 (
Last Name	First Name				l	
Position A D M Name of Affiliated Organization	Rebecca	4 6 5 4 6				4 6 5 4
Last Name	First Name					
R i v e r a Position A D M Name of Affiliated Organization		3 2 5 6 1				3 2 5 6
	Totals	4 7 8 0 6 6			4 0 6 1	4 8 2 1 2

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ORGANIZATION NAME:	
	FILE NUMBER: 0. 6.4 - 7 27
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12/31/2000	PAGE ₁₃ OF ₁₅ ADDITIONAL PAGES
	15 15
SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)	
Make the surface of the state o	

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.) (B) Position (Enter employee's job title.)	(neithe taxes and		Disbursements for Official	Other	
· · · · · · · · · · · · · · · · · · ·	other deductions)	Ailowances	Business	Disbursements	Total
(C) Name of Affiliated Organization (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name First Name					
Rogers Stephen	1 5 5 7 7 6			1. 2 6 3 7	1_6_8_4_1
Position					
A D M Name of Affiliated Organization					
Last Name First Name					
Weiner Michael	3 7 0 7 7 0	· ·		5 5 7 9	3 7 6 3 4
Position	Table	man a series			<u></u>
A D M Name of Affiliated					
Organization					
Last Name First Name			*- *** ***********		
White Richard	2 0 1 2 7 0	,	Source ordered (James ordered 1 1 1 1 1 1 1	4 1 5 0 0	2 4 2 7 7
Position				· · · · · · · · · · · · · · · · · · ·	—
A D M Name of Affiliated					
Organization					
Last Name First Name		*****			
Willis Nancy	50971	المصالب المارات المارات		4 0 2 4	5 4 9 9
Position A D_M		`			-
Name of Affiliated				İ	
Organization					
Last Name First Name	· v-u				
Position				,	
Name of Affiliated	İ			1	
Organization				Ì	
-					
Totals					

Continuation of LM-2 Labor Organization Annual Report

Affiliation or Organization Name

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File Number

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Designation/Number

Page 1 of 15

12/31/2000 Ending Period

75. Additional Information

- The signature at No. 76 is that of Donald M. Fehr, the Association's Executive Director and General Counsel. Pursuant to Article VIII of the Association's Constitution and By-Laws (copy attached), Mr. Fehr directs the day-to-day affairs and activities of the Association. In his capacity as Executive Director, he has day-to-day responsibility for the receipt and collection of all monies due to the Association and the making of all disbursements thereof.
- The signatures at No. 77 are those of National League Player Representative Tom Glavine and American League Player Representative Rick Helling. The League Player Representatives are the association's two highest ranking officers. Under Article V, Section IV of the Association's Constitution and By-Laws (copy attached), the League Player Representatives serve as co-treasurers of the Association, with oversight responsibility for the receipt and collection of all monies due the Association and the making of disbursements by the Association.

Continuation of LM-2 Labor Organization Annual Report

Affiliation or Organization Name

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12/31/2000 **Ending Period**

Schedule 12 — Contributions, Gifts & Grants

Description (A)	Amount (B)
Major League Baseball Players Trust	154,446
Miscellaneous Contribution	1,345

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Continuation of LM-2 Labor Organization Annual Report

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12/31/2000 Ending Period

Schedule 13 — Office & Administrative Expense

Description (A)	Amount (B)
Clipping SVC & Subscription	61,867
Repairs & Maintenance	21,364
Advertising & Promotion	293,693
Equipment Rental	41,655
Travel & Lodging Paid to Providers	1,064,227

		·	

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandator	y under P.L. 86-257, as amended.	Failure to co	mply may re	sult in criminal prosecut	tion, fines, or civil pena	Ities as provided by 29 U.S.C.	439 or 440.
	READ THE IN	ISTRUCTIO	NS CAREFL	ILLY BEFORE PREPAR	ING THIS REPORT.		
For Official Use Only		2. PERIOD (MO D	AY YEAR	filed report, che		
(\$ Rocd 7) 183272001	0 6 4 _ 7 2 7	From	0 1 0	1 2 0 0 0	(b) TERMINAL — I terminal report,	f your organization ceased to e see Section XII of the instruct	xist and this is its ions and check here:
Q MS ORDE		Through !	1 2 3	1 2 0 0 0	(c) SUBSIDIARY - your union as d	 If this is a report for a subsid efined in Section X of the instr 	ary organization of uctions, check here:
		1	8. MAILING	ADDRESS (Type or pri	int in capital letters.)		
<u>IMP</u> C	DRTANT		First Name				
			D 0 1	nald			
Peel off the address label and place it here.	from the back of the packa	ge	Last Name				
•		.	Feh	r		•	
If the label information is correct	ct, leave Items 4 through 8 blan	ık.		uilding and Room Numl		W SEASON COMMAND	
If any of the label information is through 8.	s incorrect, complete Items 4						
3							
			Number and				
4. AFFILIATION OR ORGANIZATION N	AME		1 2	East 4	9 t h 9	Stre et.	
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION	NUMBER	City				
7. UNIT NAME (if any)			New	Y o r k		:	:
			State	ZIP Code + 4			
 Are your organization's records kept a (If "No," provide address in Item 75.) 	at its mailing address?	No	<u>N</u> Y	10017	<u> </u>		
75. ADDITIONAL INFORMATION (If mo	re space is needed, attach addition	nal pages pri	operly identi	fied.)			
Item Number							
	Fixed Assets, Line						
, ,	e Baseball Player's z & Company, LLP	Beneilt	: Plan -	13-0006194,	Plan #31-0182	.07	
	o Audited Financial	Stateme	ent				
	& 13 to Audited Fin	nancial	Stateme	ents			
Each of the undersigned, duly authorized in any accompanying documents) has be	officers of the above labor organization	on, declares,	under the ap	plicable penalties of law, t	that all of the information	submitted in this report (includi	ng the information contained
# \ \ / # # \ / #	en examined by the signatory and is	, to the best	of the unders			complete. (See Section VI on p	_
76. SIGNED:			IDENT er title.	77. SIGNED	xune_	,	C⊙TREASURERS (If other title.
<u> 3123101</u> (212) 826 - 0808		structions.)	_3/23	(21	.2) 826 – 080 <u>8</u>	see instructions.)
Date	Telephone Number			Date	- 1	Telephone Number	
orm LM-2 (Revised 2000)			2	- 1. []	il //		Page 1 of 12

Co-freasurer

During the Reporting Period Did Your Organization: 10. Have a "subsidiary organization" as defined in Section X of the instructions?		No X	18. How many members did your organization have at the end of the reporting period? 19. What is the date of your organization's next regular election of officers? 1052001
Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	X		20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? 5 0 0 0 0 0
12. Have a political action committee (PAC) fund?		x	21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)
Acquire or dispose of any goods or property in any manner other than by purchase or sale?	<u>-</u>	х.	Rates of Dues and Fees (a) Regular Dues/Fees \$ 25.00 per Day (Month, Year, etc.)
Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X		(b) Initiation Fees \$ (c) Transfer Fees \$ (d) Mark Parmits \$
15. Discover any loss or shortage of funds or			(d) Work Permits \$ per
other property?	•2	X	22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/ procedures listed in the instructions?
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor			(If the constitution and bylaws have changed, attach two new dated copies. If practices/ procedures have changed, see the instructions.)
organization or of an employee benefit plan?		X	23. Were any of your organization's assets pledged as security or encumbered in any other way
17. Liquidate or reduce any liabilities without disbursement of cash?		X :	at the end of the reporting period?
(If the answer to any of the above questions is "Yes," provide in Item 75 on page 1 as explained in the instructions for each			(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 -- 6 -- 4 -- 7 -- 2 -- 7

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash	:	1 9 1 2 1 7 1 3	9 5 7 3 9 6 8
	26. Accounts Receivable			
ETS	27. Loans Receivable	1		3 2 0 0
ASSETS	28. U.S. Treasury Securities		4 6 7 6 8 0 0 7	4 9 7 0 7 4 4 0
	29. Investments	2	2 0 4 4 2 5 2 8	2 5 1 4 2 0 1 6
	30. Fixed Assets	5	8 7 5 2 1 6	1 4 3 6 2 3 1
	31. Other Assets	3	4 9 2 2 0	6 0 0 4 6
	32. TOTAL ASSETS		87256684	8 5 9 2 2 9 0 1
	LIABILITIES Item	From SCH #	Start of Reporting Period	End of Reporting Period
	110111	π	(C)	(D)
	33. Accounts Payable	π	(C)	
IES		8	(C)	
BILITIES	33. Accounts Payable		(C)	
LIABILITIES	33. Accounts Payable		(C) 2 6 2 6 9 0 3 0	
LIABILITIES	33. Accounts Payable	8		(D)

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STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 6 4 -7 2 7

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

				· · ·		· · · · · · · · · · · · · · · · · · ·
lten	CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39.	Dues		5 2 8 2 4 7 5	56. To Officers	9	5 6 3 3 3 4
40.	Per Capita Tax			57. To Employees	10	2 4 8 8 6 7 2
41.	Fees			58. Per Capita Tax		
42.	Fines			59. Fees, Fines, Assessments, etc		
43.	Assessments			60. Office & Administrative Expense	13	2 8 8 4 1 5 6
44.	Work Permits			61. Educational & Publicity Expense		
45.	Sale of Supplies			62. Professional Fees		2 4 2 4 8 7 5
46.	Interest		3 2 6 9 1 9 0	63. Benefits	11	5 1 4 4 5 5
47.	Dividends			64. Contributions, Gifts & Grants	12	1 7 7 1 6 6
48.	Rents			65. Supplies for Resale		
49.	Sale of Investments & Fixed Assets	6	6 7 1 3 4 5 6 2	66. Direct Taxes		2 1 4 9 2 4
50.	Loans Obtained	8		67. Withholding Taxes	٠	1 8 2 5 0 2 9
51.	Repayments of Loans Made	1	1 0 0 0	68. Purchase of Investments & Fixed Assets	7	7 2 3 3 3 0 5 1
52.	On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	4 2 0 0
53.	From Members for Disbursement on Their Behalf		5 5 4 8 1 8	70. Repayment of Loans Obtained	8	
ŀ	Other Receipts	14	4_1_3_5_4_1_9_0	71. To Affiliates of Funds Collected on Their Behalf		,
				72. On Behalf of Individual Members		5 5 4 8 1 8
				73. Other Disbursements	15	4 3 1 5 9 3 0 1
55.	TOTAL RECEIPTS		1 1 7 5 9 6 2 3 5	74. TOTAL DISBURSEMENTS		1 2 7 1 4 3 9 8 1

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 6 4 _ 7 2 7

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	during the reporting Loans Repayments Received During Period				Loans Outstanding at
business enterprises regardless of amount. (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
1. Name: Yolanda Largo "E"	0	3,200			3,200
Purpose: Employee Hardship					
Security: None					<u>.</u>
Terms of Repayment Repay by 12/31/2	001				
2.Name: Eric Rivera "E"	0	1,000	1,000		0
Purpose: Employee Hardship					
Security: None					
Terms of Repayment: 7 Payments Bi-M	onthly				
3. Name:	:				
Purpose:					
Security:					
Terms of Repayment:					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	-	4 2 0 0	1 0 0 0		3 2 0 0
Enter the Totals from Line 6 in	Ltem 27 Column (A)	Item 69	ြဲ ltem 51	ltem 75 with Explanation	 ltem 27 Column (B)

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

		-		 ٠			
FILE NUMBER:	0	<u>'</u> '€	4		7	2	7

SCHEDULE 3	- OTHER	ASSETS
-------------------	---------	---------------

•	-
Description (A)	Amount (B)
Marketable Securities 1. Total Cost	25,066,043
2. Total Book Value	25,066,043
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) <u>Corporate Bonds</u>	13,918,633
(b) Commercial Papers	11,147,410
(c)	1.0
(d)	
Other Investments	75.070
4. Total Cost	75,973
5. Total Book Value	75,973
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a)	75,973
(b)	
(c)	Í
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	25 14 2.01 6
Enter the Total from Line 7 in	☆

Description (A)	Book Value (B)
1. Unamortized Lease Expense	5,326
2. Miscellaneous Receivables	15,813
3. Prepaid Baseball Tickets	38,907
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	60046
企 Enter the Total from Line 7 in	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Dues Refundable	19,007,484
2. Due Broker(Settlement date 1/2	(01) 3,184,018
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 2 1 9 1 5 0 2
ি Enter the Total from Line 7 in ltem 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 6 4 7 2 7

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)	
1. Land (give location):					
2. Totals from additional pages (if any)					
3. Buildings (give location):					
4. Totals from additional pages (if any)					
5. Automobiles and Other Vehicles					
6. Office Furniture and Equipment	969.020	673.385	295,635	295,635	
7. Other Fixed Assets	1,221,786	81,190	1,140,596	1,140,596	
8. Totals of Lines 1 through 7	2.190.806	754.575	1 4 3 6 2 3 1	1,436,231	
ப் Enter the Total from Line 8, Column (D) in					

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description <i>(if land or buildings, give location)</i> (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. Return on Investment In Annuities	13,897	13,897	. 13,897	13,897
2. US Treasuries & US Agencies-Securities	57,808, 7 08	57,808,708	57 <u>,808,708</u>	57,808,708
3. Corporate Bonds	16,514,860	16,514,860	16,514,860	16,514,860
4. Commercial Paper	7,578,813	7,578,813	7,578,813	7,578,813
5. Totals from additional pages (if any)		, 	,	,
6. Totals of Lines 1 through 5	81.916.278	81.916.278	81.916.278	81.916.278
		7. Less Reinvestm	ents	14,781,716
		8. Net Sales	6 7 1	3 4 5 6 2
Enter the Total from Line 8 in				∱ tem 49

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SCHEDULE 7 -	PURCHASE OF INVESTMENTS AND FIXED ASSETS	
--------------	--	--

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. US Treasuries & US Agencies - Securities	57,500,110	57,500,110	57,500,110
2. Corporate Bonds	14,841,796	14,841,796	14,841,796
3. Commercial Paper	14,069,061	14,069,061	14,069,061
4. Fixed Assets	743,586	743,586	743,586
5. Totals from additional pages (if any)	0	0	0
6. Totals of Lines 1 through 5	87,154,553	87,154,553	87,154,553
	7. Less Reinvestn	nents	14.821.502
	8. Net Purchases	7 2 3	33 0 5 .1 .

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any	Loans Owed at	Loans Obtained	Repayment Mac	le During Period	Loans Owed at End of Period (E)	
Time During the Reporting Period (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)		
1.						
2.						
3.						
4.						
5. Totals from additional pages (if any)						
6. Totals of Lines 1 through 5						
Enter the Totals from Line 6 in	∱ ltem 34 Column (C)	企 ltem 50	企 ltem 70	û ltem 75 with Explanation		

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Page 8 of 12

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 6 4 - 7 2 7

(A) Name (List all persons who held office during the reporting period even they received no salary or other disbursements. Use all capital	ren if al letters.)	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
Last Name First Name						
1. Leiter Al				4 0 1		4 0 1
Title	Status C					
Last Name First Name						
2. Benes AI				2 0 7 9		2 0 7 9
Title	Status C					
Last Name First Name						
3. Lopez Albie	; -		~	0		A
Title	Status N					
Last Name First Name			-			
4. Williams Bernî	е			0		
Title	Status N					
Last Name First Name						
5. Surhoff BJ				2 4 3 4		2 4 3 4
Title	Status P				·	·
Last Name First Name						
6. Anderson Brian				3 0 3 0		3 0 3 0
Title	Status C	-		-		
Last Name First Name						
7. Trachsel Steve	·			0		
Trile	Status P					
8. Totals from additional pages (if any)		1,000,690	····	13.651		1,014,341
9. Totals of Lines 1 through 8		1,000,690		21,595		1,022,285
				10. Less Deduc	ctions	5 8 9 5 1
Enter the Total from Line 11 in			Item 56 🖒			5 6 3 3 3 4
*Code for Status (C): past officer — P; continuing officer — C;	new office	er during the reporting p	period — N.	(If any officer was not your organization's con-	elected at a regular ele stitution and bylaws, exp	ection in accordance with lain in Item 75 on page 1.)

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Page 9 of 12

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 6 4 - 7 2 7

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	of Affiliated Organization (if applicable) (Solid States and other deductions) Allowances (D) (E)		Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
Last Name 1. A b e r c r o m b i e C i n d y Position A D M Name of Affiliated	8 6 9 4 0	<u> </u>		1 1 3 2	8 8 0 7, 2	
Organization Last Name First Name						
2. Bernazard Antonio Position ADM Name of Affiliated Organization	3 4 1 6 2 5	- · · ,		1 5 0 1 8	3 5 6 6 4 3	
Last Name First Name						
3. B o u r i s G r e g Position A D M Name of Affiliated Organization	1 1 4 5 2 0		1	1 0 5 2	1_15. 5. 7_2	
Last Name First Name						
4. B r a d l e y P h i l Position A D M Name of Affiliated Organization	8 4 1 2 0			1 0 4 8 9	9 4 6 0 9	
Last Name First Name						
5. <u>C a r b a l l o V i r g i n i</u> Position Name of Affiliated Organization A D M	4 8 0 9 7				4_8_09 ,7	
6. Totals from additional pages (if any)	3,154,752			119,508	3.274.260	
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	63,743			433	5,274,200 64,176	
8. Totals of Lines 1 through 7	3 893 797			147,632	4,041,429	
			9. Less Deduc	.1	5 5 2 7 5 7	
Enter the Total from Line 10 in		Item 57 ⇒	10. Net Disburs	ements : 2	4 8 8 6 7 2	

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SCHEDULE 11 — BENEFITS

				İ	ı		
FILE NUMBER:	:0	6	4	-	7	2	7

Description (A)	To Whom Paid (B)	Amount (C)
1. Pension Expenses	Retired Executive Director	113,100
2. Group Health Life & Other Insurance	MLBP Benefit Plan	198,141
3. Investment Savings Retirement Plan	Van Guard Group	203,214
4.		-
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		.51 44 55
Enter the Total from Line 6		☆ ltem 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)			
1. Peggy Browning Fund	1,375			
2. Major League Baseball Players Alumni Association	5,000			
3. _{Harlem RBI}	1,000			
4. Baseball Assistance Team	-12,000			
5. Baseball Writer's Association	1,500			
6. Rusty Staub Foundation	500			
7. Total from additional pages (if any)	155,791			
8. Total of Lines 1 through 7	1 77 1 66			
合 Enter the Total from Line 8 in				

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)			
1. Rent & Electric	683,370			
2. Office Supplies & Expenses	370,039			
3. Insurance	113,962			
4. Telephone & Cable	81,278			
5. Computer Expense	50,350			
6. Postage & Delivery	102,351			
7. Total from additional pages (if any)	1,482,806			
8. Total of Lines 1 through 7	2 8 8 4 1 5 6			
Enter the Total from Line 8 in				

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FILE NUMBER: 0 6 4 _ 7 2 7

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. Dues (Licensing Revenue)	41,002,495
2. Player Agent Fees	15,300
3. Collusion Escrow Payable	100,112
4. Baseball Tickets	236,283
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 1 3 5 4 1 9 0
Enter the Total from Line 17 in	ि Item 54

SCHEDULE 15 — OTHER DISBURSEMENTS

Description	Amount
(A)	(B)
1. Dues Refund	17,509,597
2. Executive Board Expenses	11,965
3. Baseball Tickets	310,925
4. Collusion Case/Licensing Distr	ibution 691,140
5. Collusion Escrow Payable	20,108
6. Settlement Payable	1,600,000
7. Medical Research	21,875
8. Arbitration Settlement	45,703
9. Appearance Fees	2,300,000
10. Licensee Fee	45,000
11. Negotiation Expenses-Basic Agr	mt 263,203
12. Basic Agree W/Clubs — Future Growth & Development Baseball	20,000,000
13. Retirement Plan	186,679
14. Rookie Career Development Expe	nse 148,642
15. Employee Relocation Expense	3,964
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 3 1 5 9 3 0 1
Enter the Total from Line 17 in	企 ltem 73

Continuation of LM-2 Labor Organization Annual Report

Page 1 of 15

Ending Period

0 6 4 7 2 7 Affiliation or Organization Name File Number 12/31/2000 Designation/Number

75. Additional Information

- 76 The signature at No. 76 is that of Donald M. Fehr, the Association's Executive Director and General Counsel. Pursuant to Article VIII of the Association's Constitution and By-Laws (copy attached), Mr. Fehr directs the day-to-day affairs and activities of the Association. In his capacity as Executive Director, he has day-to-day responsibility for the receipt and collection of all monies due to the Association and the making of all disbursements thereof.
- 77 The signatures at No. 77 are those of National League Player Representative Tom Glavine and American League Player Representative Rick Helling. The League Player Representatives are the association's two highest ranking officers. Under Article V, Section IV of the Association's Constitution and By-Laws (copy attached), the League Player Representatives serve as co-treasurers of the Association, with oversight responsibility for the receipt and collection of all monies due the Association and the making of disbursements by the Association.

•				
RGANIZATION NAME:				
			_	
NDING DATE OF PERIOD	COVERED:	12/31/2000		

FILE NUMBER: 0	6	4	<u>. — </u>	7	2	7

PAGE 2 OF 15 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

A) Name (List all persons who held office of they received no salary or other of they received no salary or other of they received no salary or other of they received no salary or other of they received no salary or other of they received no salary or other of they received no salary or other o	Status	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name						
Boe hr inger	Brian			0		
Title	Status P.	:		·		
Last Name	First Name					
McRae	Brian			0	_	
Title	Status P					
Last Name	First Name					
Nagy.	Ch uck			. 0		
Title	Status C					
Last Name	First Name					
Sch ill ing	Curt			. 0		
Title	Status P				,	
Last Name	First Name					
Easley	Da mia n			2 0 7		2 0 7
Title	Status C					
Last Name						
W_{i} son	Da n	<u> </u>		1 1 7 2		1 1 7 2
Title	Status C				`	
Last Name	First Name					
Flet cher				0		
Title	Status P					
Last Name	First Name					
Cone	David			0		
Title	Status P					
	Totals			1,379		1,379

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ORGANIZATION NAME.	 	
ENDING DATE OF PERIOD COVERED:		

FILE NUMBER: 0 6 4 -7 2 7

PAGE $\underline{3}$ OF $\underline{15}$ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) Status	Gross Salary (before taxes and other deductions)	Allowances	Disbursements for Official Business	Other Disbursements	Total
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.) (C)	(D) ´	(E)	(F)	(G)	(H)
Last Name First Name	~~				
weathers David			0_		
Title Status N					
Last Name First Name					/
Hocking Denny	·		0		-
Title Status C					
Last Name First Name					
White Devon			0		
Title Status p					
/			·		
Fehr Donald	1, 0,00,690				1,000,690
Title Executive Direc Status C					
Last Name First Name					
Gianville Doug			5 .8.0		5 8 0
Title Status N			:		
Last Name First Name					
Baldw <u>in</u> James			0		
Title Status N					
Last Name First Name				-	
C hr is ti ans en J aso n					
Title Status P					
Last Name First Name			-		
Powell Jay			0		
Title Status N	-				
Totals	1,000,690		5 8 0		1,001,270

ORGANIZATION NAME:			
ENDING DATE OF PERIOD COVERED:	 	<u></u>	

FILE NUMBER: ()	6	4	- .72	7

PAGE 4 OF 15 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting per they received no salary or other disbursements. Use a	eriod even if ill capital letters.)	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASU	Status (C)	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
Last Name First Name						
Kent Jef	f			0	,	
Title	Status C					
Last Name First Name						
Poole Jim				1 2 0 7		1 2 0 7
Title	Status P				·	
Last Name First Name						
Wake field Jim				0		-
Title	Status P					
Last Name First Name						
Girardi Joe		<i>,</i>		1 .25.		1,2,5
Title	Status C					
Last Name First Name						
Damon Joh	n	·	_	0		
Title	Status P					
Last Name First Name						· · · · · · · · · · · · · · · · · · ·
Young Kev	in			207		2_0_7
Title	Status N					
Last Name First Name	7/4					
Gru dzi el ane kM ar	k					
Title	Status N					
Last Name First Name	<u> </u>					
Kot say Mar	k	- 44		2 7 6		2 7 6
Title	Status C					
<u> </u>	Totals		_	1,815		1,815

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ORGANIZATION NAME:	 -	
ENDING DATE OF PERIOD COVERED:	 	

FILE NUMI	BER:0	6	4		7	2	7
DAGE 5	os 15		חחי	TION	3.61	DAGI	=0

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period ew they received no salary or other disbursements. Use all capita		Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
Last Name First Name						
Loretta Mark		···		2 0 7		- 2 0 7
	Status C				į	
Last Name First Name						
.S tairs Matt				0		
	Status P	;	•			-
Last Name First Name		···· · · · · · · · · · · · · · · · ·				
Defelice Mike				0		
Title	Status P	:				
Last Name First Name	~			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		*
My ers Mike						
Title	StatusN.					
Last Name First Name						
Mussina Mike		.,		0		<u></u> :
Title	Status P					
Last Name First Name		····				
Re mli ng er Mike		,,		3 3 5 2		3 3 5 2
Title	Status P					
Last Name First Name						
Sween <u>ey</u> <u>Mike</u>		· 		2324		2 3 2 4
Title ·	Status N		·			
Last Name First Name						
Helling Rick				3 8 8		3 8 8
	Status N	,				
	Totals	=		6,271		6,271

Form LM-2 (Revised 2000)

<u> </u>	 	
ORGANIZATION NAME:		
		_
ENDING DATE OF PERIOD COVERED:		

FILE NUMBER: 0 6 4 - 7 2 7

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SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(B) Title (Enter title of officer, such	1	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
	First Name					
Randall I	Kar 1. Sc. ot t			. 0.		
Title	Status P					
Last Name	First Name					
C ase y	Sean			296		2 9 6
Title	Status C					
Last Name	First Name				-	-
Reynolds	Shane			.0		_
Title	Status P					
Last Name	First Name					
Ponson	Sidney			474		4 7
Title	Status N					
Last Name	First Name					
Hitchcocl	k Sterlin			0		
Title	Status N					
Last Name	First Name					
Crabtre e	T i m			0.		
Title	Status C	:				
Last Name	First Name					
Hudson	T i m			0		
Title	Status N					
Last Name	First Name	· · · · · ·				
He 1 to n	T o d d			0		
Title	Status P					
-	Totals			7 7 0		7 7 0

ORGANIZATION NAME:	
ENDING DATE OF PERIOD COVERED:	

FILE NUMBER:	064-727
PAGE 7_OF	15 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even they received no salary or other disbursements. Use all capital			Gross Salary (before taxes and		Disbursements for Official	Other	"
(B) Title (Enter title of officer, such as PR	·	Status (C)	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
Last Name							
Glavin e	Tom				2629		2629
Trtle		Status C				:	
Last Name							
Telford	Tony						a = a .
Title .	·	Status C				·	
Last Name	First Name					- ^ · ·	
<u>Clark</u>	Ton y				2 0 7		2 0 7
Title		Status N					
Last Name	First Name		·			-	
Ni x on	Trot				0		
Title		Status N					•
Last Name					u		
p e rci va 1	Troy				0		
Title		Status C					
Last Name	First Name						
	· · · · · · · · · · · · · · · · · · ·						
Title		Status					
Last Name	First Name				·		
	> <u> </u>		<u>.</u> .				
Title		Status					
Last Name	First Name	·			102 1 1		
Title	PARAMATAN ANALYSIS AN	Status					
·					2,836		2,836
		Totals			2,000		2,000

ORGANIZATION NAME:	
ENDING DATE OF PERIOD COVERED:	
12/31/2000	

				ī				i
FILE NUMBER:	<u>0</u>	6	4	_	7	2	7	1

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.) (B) Position (Enter employee's job title.)			- (belore taxes and			Disbursements for Official			Oth	er							
							Allowances	Business			Disbursements				Т	otal	
(C) Name o	of Affiliated Organization	(if applicable)		(D)		,	(E)		(F)			(H)					
Last Name		First Name	lue -:														
C h i	- l . d	Martha	1 1	4 7	7	0		1	_:!		2	0	.3 2	1 1	6	8	0 2
Position	Δ D ім								v			•					
Δffiliated	:																
		First Name		-													
D a h	1	Chris	8	9 2	2 3			-		~		8	9 3	9	0	1	3 2
	A D M								•								
Name of Affiliated Organization																	
Last Name		First Name	~~~~										·				
D i C	a m i 1 1 o	Mariett						:				8	1 6	8	9	7	6 7
Position Name of	A D M						· · · · · · · · · · · · · · · · · · ·		`								
Last Name		First Name			· · ·		on the state of th										~~~~
Fal	· k	Hillary	1	1 8	3 3	2			:				:	1	1	8	3 2
Position Name of Affiliated	A D M			٠			**		9			, -				Ų.	
Last Name		First Name			- · ·												
Fan	n e l l	Jeffrey.	1	5 2	2 6	9			· · ·			1	1 5	1	5	. 3	8 4
Docition	· A D M	:		-			·										
Affi:iated	•				_												
		Totals	3 2	0 () 6	1					3	8	5 6	3 2	3	9	1 7

ORGANIZATION NAME	
ENDING DATE OF PERIOD COVERED:	
12/21/2000	

FILE NUMBER: 0 6 4 - 7 2 7

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		1 (00,010,100,000,001,001)			nd		Disbursements for Official	Other							
(B) Position	N (Enter employee's job title.)		other deductions)			ns)	Allowances	Business	Disb		ments			otal	
(C) Name	of Affiliated Organization (i	f applicable)		(D)	·		(E)	(F)		(G)			(H)	
Last Name		First Name													
.G o l	d s t e i n	E v i e	6	. 6 . 6	5	8			4	8	6 1	7		5	1 9
Position Name of Affiliated	A D M	ere . Producine deficiency rotur at 10 0.00													
Last Name		First Name	· · · · · · · · · · · · · · · · · · ·	- \	~			******		~					
Gou	l .d	Heather	4	6 8	3 9	0			1	. 8	6 3	:4	8	<u>,7</u>	. 5
Position	A D M							:							
Affiliated	· ·														
Last Name		First Name													
H e e	t e r	Judith	3 3	6 .	1 9	0						3 3	6	, <u>1</u>	9
Name of Affiliated															
Last Name	and a second of the second of	First Name													
H i n	k l e y	Terri	1	8 4	4 1	_4_				- <u>,</u> `	·	1	8	4	1
	A D M														
Name of Affiliated Organization															
Last Name		First Name													
Кар	a n	E v a n			6 7	7			6	. 4	3 3	g	1	1	1
Position	A D M														
Amilated															
		Totals	5 5	2	8 2	9			1 3	1	5 7	5 6	5 5	9	8

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ORGANIZATION NAME	-
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PAGE 10 OF 15 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (Lis	st all employees who received more m your organization and any affiliate.	than \$10,000 in total disbursements s. Use all capital letters.)	Gross		-	Disbursements	Other	-		
B) Position (Enter employee's job title.)		(before taxes and other deductions)		Allowances	for Official Business	Other Disbursements		Tota	al	
C) Name of	Affiliated Organization (#	applicable)	(D		(E)	(F)	(G)		(H)	
Last Name		First Name				****				
Lar		Yolanda	4 5	7 6 9		·	: : 	4	5 7	6 9
Name of	A D;M									
Last Name		First Name								
L e n	aghan 	Robert	1 9 3				6 2 9 6	1 9	9 5	6 (
Position /	A D M		-							
Last Name		First Name			gaa - eraan arramaaga mene ina garapening inin jama biga nyangabaga.					
L y n	c : h	E d	1 1	8 5 9				1	1 8	5
Position / Name of Affiliated	A D M .	AND THE ALL THE TWO TO THE THE THE	•		- -					
•		First Name								
		Melba		0 6 4			4 0 5	4	.8 4	6
Postos	A D ' M		-			.,	,			
Affiliated	A D M									
Last Name		First Name								
Mor	ri ^s s	Christi.	5 6	3 8 7			7 7	5	6 4	6
Position /	A D M	:								
Organization		Totals								
	<u> </u>	iotais	3 5 5	3 4 9			6778	3 6	2 1	2

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

CHEDULE IV — DISB	W		(oonanaca)	,		<u>-</u> .
(A) Name (List all employees who received more from your organization and any affi	nore than \$10,000 in total disbursements iliates. Use all capital letters.)	(A II	Disbursements for Official	Other	Takal
B) Position (Enter employee's job title.)		other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated Organization	n (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name	First Name					
O'Donnell	Sharon	<u>4 5 5</u> 5 9	. — • •			4 5 5 5 9
Position .A D M Name of Affiliated Organization			:			
Last Name	First Name	program and the contract of th			······································	
Olshan	John	1 2 5 7 4 0	·		6 4 3 4	1 3 2 1 7 4
Position A D M Name of Affiliated Grganization						
Last Name	First Name					· · · · · · · · · · · · · · · · · · ·
Orza	Eugene	4 2 7 0 1 8		,	1 5 3 8 4	4 4 2 4 0 2
Position A D M Name of Affiliated Organization						
Last Name	First Name			and the state of the debendance of the state		
Pepin:	L i s a M a r	4 0 0 3 8		,	· · · · · · · · · · · · · · · · · · ·	4 0 0 3 8
Position A D M Name of Affiliated Organization						
Last Name	First Name					
Persa:ud	M e l i s s a	3 1 3 0 5			6 0 9 8	3 7 4 0 3
Position A D M Name of Affiliated Organization						
	Totals	6 6 9 6 6 0			27916	6 9 7 5 7 6

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ORGANIZATION NAME:		
ENDING DATE OF PERIOD COVERED:		

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

A) Name (List all employees who received more than \$10,000 in total disbursement from your organization and any affiliates. Use all capital letters.)	T (percie taxes and		Disbursements for Official	Other	
B) Position (Enter employee's job title.)	other deductions)	Allowances	Business	Disbursements	Total
Name of Affiliated Organization (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name First Name					
Position S. h. e. i. l. a				· · · · · · · · · · · · · · · · · · ·	5 0 1 6 0
Name of Affiliated Organization					
Last Name First Name			·		· · · · · · · · · · · · · · · · · · ·
Price	6. 2 61_ 0				<u>6</u> 2 6 1 0
A D M Name of Affiliated Organization	-				
Last Name First Name					
Position	2 8 6 1 8 9			4 0 6 1	2 9 0 2 5 0
A D -M	-				
Last Name First Name					
-Rive-:_ra	46. 5 4 6				4 6 5 4 6
Position A D :: M					
Organization					
Last Name First Name					
R ivera					3 2 5 6 1
Name of Affiliated Organization					
Totals					

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ENDING DATE OF PERIOD COVERED:	· · ·	
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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

 (A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.) (B) Position (Enter employee's job title.) 	other deductions)	Allowances	Disbursements for Official Business	Other Disbursements	Total
(C) Name of Affiliated Organization (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name First Name					
Rogers Stephen	1 5 5 7 7 6	-		1 2 6 3 7	1 6 8 4 1 3
Position A D M Name of					
Last Name First Name					
Weiner Michael	3 7 0 7 7 0			5 5 7 9	3_ 7, 6 3 4 9.
Position A D M Name of Affiliated Organization	•				
Last Name First Name					
White Richard	2 0 1 2 7 0			4 1 5 0 0	2_4, 2 7 7_0
Position A D M Name of Affiliated Organization					
Last Name First Name	- ,				
Willis Nancy	5 0 9 7 1	i		40 2 4	5 4 9 9 5
Position A D M Name of Affiliated Organization					
Last Name First Name					
Position Name of Affiliated Organization					
Totals	7 7 8 7 8 7			6 3 7 4 0	8 4 2 5 2 7

Continuation of LM-2 Labor Organization Annual Report

Affiliation or Organization Name

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Schedule 12 — Contributions, Gifts & Grants

Description (A)	Amount (B)
Major League Baseball Players Trust	154,446
Miscellaneous Contribution	1,345

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Continuation of LM-2 Labor Organization Annual Report

Affiliation or Organization Name

12/31/2000

Designation/Number

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File Number

12/31/2000

Ending Period

Schedule 13 — Office & Administrative Expense

Description (A)	Amount (B)
Clipping SVC & Subscription	61,867
Repairs & Maintenance	21,364
Advertising & Promotion	293,693
Equipment Rental	41,655
Travel & Lodging Paid to Providers	1,064,227